



Starport Fitness Center is a multifaceted exercise facility providing various opportunities and apparatuses for all levels of cardiovascular and neuromuscular training. The Starport Fitness Center is not a cardiac rehab facility nor do we have a physician on site.

Physical Activity Readiness Questionnaire

Common sense is your best guide when you answer these questions.

Please read the questions carefully and answer each one honestly.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Has a doctor said that you have a heart condition and recommended only medical supervised activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you have chest pain brought on by physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Have you developed chest pain in the past month? |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you tend to lose consciousness or fall over as a result of dizziness? |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you have a bone or joint problem that could be aggravated by the propose physical activity? |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Has a doctor ever recommended medication for your blood pressure or a heart condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are you aware through your own experience or a doctor's advice of any other physical reason against your exercising without medical supervision? |

If you answered yes to one or more of the questions above you must obtain your primary care physician's approval below as a prerequisite to membership of Starport Fitness.

Participant's Name

Participant's Signature

Date

Signature of Parent or Guardian
(for participants under the age of 18)

Physician's Approval

_____ has medical approval to participate in fitness programs and in the use of exercise equipment at various sites, including home or office, that may be provided or recommended by Starport Fitness and its employees.

Physician's signature

Physician's name

Physician's address

Phone

Date

Membership Application

Barcode ID#

Receipt #

Exp. Date



APPLICANT MUST PRESENT WORK BADGE OR SIGNED COMPANY LETTER WITH EMPLOYEE IDENTIFICATION NUMBER. EMPLOYEE MUST BE PRESENT TO INITIALIZE SPOUSE, DOMESTIC PARTNER OR DEPENDENT'S MEMBERSHIP. PROOF OF RESIDENCE, DRIVERS LICENSE AND/OR BIRTH CERTIFICATE MAY BE REQUIRED AT ANYTIME FOR VERIFICATION.

	Annual	6 Month	Non-Peak Annual
•Exploration Wellness	\$0	N/A	N/A
•JSC Team Member	\$240	\$150	\$180
•Spouse / Domestic Partner	\$240	\$150	\$180
•Dependent (16 or older)	\$240	\$150	\$180
•Retiree	\$240	\$150	\$180

*Non-Peak Membership hours are Monday through Friday 8:30 A.M. - 11:00; 1:00 P.M. - 3:00 P.M. & 7:30 P.M. - 10:00 P.M., Saturday 9:00 A.M. - 5:00 P.M. and Sunday 12:00 P.M. - 5:00 P.M.

First

Last

MI

Complete E-mail Address

()
Work Phone #

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Emergency Contact Phone #

Emergency Contact Person and Relationship

Employer Badge #

Employer

DOB

RELEASE OF LIABILITY and MEMBER AGREEMENT

In consideration of gaining membership or being allowed to participate in the activities and programs of Starport Fitness and to use its facilities, equipment, and machinery, in addition to the payment of any fee or charges, I do hereby waive, release and forever discharge Starport Fitness its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting on their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Starport Fitness or the use of any equipment at Starport Fitness. (Please initial)

I understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, are potentially hazardous activities. I also understand that fitness activities involve a risk of injury and even death, and I am voluntarily participating in the activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risk of injury or death. (Please initial)

I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or illness that would prevent my participation in any of the activities and programs of the Starport Fitness or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise, and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given a physician's permission to participate, or that I have decided to participate in activity and/or use of equipment and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities. (Please initial)

I acknowledge that it is my responsibility to know and abide by the code of conduct and regulations governing Starport Fitness. Failure to comply with these rules may result in termination or suspension of my membership privileges at any time. (Please Initial)

Applicant Signature

Date

Reviewed By